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Bib Data Sheet

CONFIRMATION NO. 6119

<b>SERIAL NUMBER</b> 09/597,437	<b>FILING OR 371(c) DATE</b> 06/20/2000 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> SDP259PA	
<b>APPLICANTS</b> Michael J. Piatt, Dayton, OH; Christopher L. Watkins, Fairborn, OH;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/16/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Patent Legal Staff Eastman Kodak Company 343 State Street Rochester, NY 14650-2201					
<b>TITLE</b> COLOR TABLE LEVEL RESERVATION					
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/597,437	<b>FILING DATE</b> 06/20/2000 ✓ <b>RULE</b> -	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2721	<b>ATTORNEY DOCKET NO.</b> SDP259PA
<b>APPLICANTS</b> Michael J. Piatt, Dayton, OH ; Christopher L. Watkins, Fairborn, OH ;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/16/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> OH ✓	<b>SHEETS DRAWING</b> 1 ✓	<b>TOTAL CLAIMS</b> 15 ✓
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2 ✓		
<b>ADDRESS</b> Barbara Joan Haushalter 228 Bent Pines Court Bellefontaine , OH 43311				
<b>TITLE</b> Color table level reservation ✓				
<b>FILING FEE RECEIVED</b> 820	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	